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PATENTS, TRADEMARKS, COPYRIGHTS
AND RELATED MATTERS

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(1921-1997)

December 28, 2001

UTILITY PATENT APPLICATION TRANSMITTAL

(new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket Number: EMER2618
First Named Inventor: Gary E. Horst
Title: DOUBLY SALIENT MACHINE WITH ANGLED PERMANENT MAGNETS IN
STATOR TEETH
Express Mail Label Number: EL890730149US

TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

APPLICATION ELEMENTS

1. [X] Fee Transmittal Form
(original and duplicate)
2. [] Applicant claims small entity status
3. [X] Specification [Total Pages 19]
4. [X] Drawings [Total Sheets 18]
5. Oath or Declaration [Total Pages 4]
 - a. [X] Newly executed (original or copy)
[] New (unexecuted)
 - b. [] Copy from a prior application
(for continuation/divisional with
Box 19 completed)
 - i. [] DELETION OF INVENTOR(s)
Signed statement attached
deleting inventor(s) named
in prior application.

6. ☐ Incorporation By Reference
(useable if Box 5b is marked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

7. ☒ Application Data Sheet
8. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
9. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Assignment Papers (cover sheet & document(s))
11. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney
12. ☐ English Translation Document (if applicable)
13. ☒ IDS with PTO-1449 ☒ Copies of IDS Citations
14. ☐ Preliminary Amendment
15. ☒ Return Receipt Postcard
16. ☐ Request and Certification for Non-Publication. Form PTO/SB/35 is attached.
17. ☐ Certified Copy of Priority Document(s) if foreign priority is claimed
18. ☐ Other: _____

**IF A CONTINUING APPLICATION, CHECK APPROPRIATE
BOXES AND SUPPLY THE REQUISITE INFORMATION**

19. ☐ Continuation ☐ Divisional ☐ Continuation-in-Part
of prior application No.: _____
- ☐ Complete Application based on provisional Application
No. _____

Prior application information: Examiner:
Group Art Unit:

CORRESPONDENCE ADDRESS

20. Correspondence Address: Customer Number 321
Attention: Michael J. Thomas

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael J. Thomas". The signature is fluid and cursive, with the first name "Michael" and last name "Thomas" clearly distinguishable.

Michael J. Thomas, Reg. No. 39,857

MJT/clh

Table 1. Demographic characteristics of the study population	
Age (years)	65.2 ± 1.2
Gender (male/female)	102/108
Education (years)	12.5 ± 0.5
Marital status (married/divorced/widowed)	150/30/20
Occupation (retired/employed)	150/30
Income (USD/month)	1,200 ± 100
Comorbidities (hypertension/diabetes/cholesterol)	120/40/60
Medication (antidepressants/antipsychotics)	80/20
Alcohol consumption (yes/no)	30/170
Smoking status (current/former/never)	20/80/160
Family size (number of children)	2.5 ± 0.5
Living arrangement (alone/with family/with friends)	30/120/150
Health insurance (yes/no)	170/30
Previous psychiatric history (yes/no)	40/130
Current psychiatric symptoms (anxiety/depression)	100/100
Physical health status (good/fair/poor)	150/30/20
Functional status (independent/dependent)	150/30
Social support (strong/weak)	100/70
Quality of life (high/low)	100/70
Life satisfaction (high/low)	100/70
Overall health status (good/fair/poor)	150/30/20
Study completion rate (%)	95

Application Number Not Yet Assigned
Filing Date December 28, 2001
Confirmation No. Not Yet Assigned
Inventor(s) Horst
Group Art Unit Not Yet Assigned
Examiner Name Not Yet Assigned
Attorney Docket Number EMER2618

METHOD OF PAYMENT

1. [] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345.
- [X] The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 to Deposit Account No. 19-1345.
- [] Applicant claims small entity status.
2. [X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [X] BASIC FILING FEE Subtotal (1) \$ 740.00
(Type: Utility)
2. [] EXTRA CLAIM FEES Subtotal (2) \$ _____
Total Claims 19
Independent Claims 03
Multiple Dependent Claims 00
3. [X] ADDITIONAL FEES Subtotal (3) \$ 40.00
- [] Surcharge - late filing fee or oath
[] Surcharge - late provisional filing fee or cover
sheet
[] Extension for reply within _____ month
[] Notice of Appeal
[] Filing a Brief in Support of an appeal
[] Request for ex parte Reexamination
[] Petitions to the Commissioner
[] Submission of Information Disclosure Statement
[X] Recording each patent assignment per property
[] Request for Continued Examination
[] Other: _____

TOTAL AMOUNT OF PAYMENT \$ 780.00

Michael J. Thomas, Reg. No. 39,857

Date _____

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